

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)  Total Number of Pages in This Submission <b>4</b>	Application Number	10/781,201
	Filing Date	FEBRUARY 17, 2004
	First Named Inventor	CHRISTOPHER A. WEINBERG
	Art Unit	1781
	Examiner Name	SAYALA, CHHAYA D.
	Attorney Docket Number	WEIN0301

RECEIVED  
CENTRAL FAX CENTER

SEP 06 2005

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MICHAEL BLAINE BROOKS, P.C.	
Signature	<i>M. B. Brooks</i>	
Printed name	MICHAEL B. BROOKS	
Date	SEPTEMBER 6, 2005	Reg. No. 39,921

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	MARILYN BENET
Typed or printed name	<i>Marilyn Benet</i>
Date	SEPTEMBER 6, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED  
CENTRAL FAX CENTER

11 805 584 6427

# 2/ 4

SEP 06 2005

ATTORNEY DOCKET NO. WEIN0301

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
Christopher Weinberg	)	Date: September 6, 2005
	)	
Serial No.: 10/781,201	)	Group Art Unit: 1761
	)	
Filed : February 17, 2004	)	Examiner: Sayala, Chhaya
	)	
<u>Title: Animal Chew Toy</u>	)	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## Supplemental Information Disclosure Statement

Dear Sir,

The applicant respectfully requests the enclosed reference be considered during the examination of the application referenced above. For the convenience of the Examiner, the reference is listed on the attached Substitute for Form PTO-1449A/PTO enclosed herein.

Accordingly, it is respectfully requested that this reference be combined with previously submitted references and considered in the examination of this application and be made of written record in the application file.

2

While applicant does not anticipate any additional fees for this transaction, the Commissioner is hereby authorized to charge any additional fees pertaining to this application to deposit account no. 02-3979.

Respectfully submitted



Dr. Michael B. Brooks, Esq.  
Registration Number 39,921  
Telephone NO. (805) 579-2500; FAX (805) 584-6427  
Michael Blaine Brooks, P.C.; Customer No. 24507  
P.O. Box 1630  
Simi Valley, CA 93062

PTO/SB/08A (07-06)

Approved for use through 07/31/2006. CMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it carries a valid OMB control number.

Substitute for form 1449/PTO

**INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet 1 of 1**Complete if Known**

Application Number 10/781,201  
 Filing Date FEBRUARY 17, 2004  
 First Named Inventor CHRISTOPHER WEINBERG  
 Art Unit 1761  
 Examiner Name SAYALA, CHHAYA D.  
 Attorney Docket Number WEIN0301

Examiner Initials*	Cite No.	U. S. PATENT DOCUMENTS			
		Document Number Number/Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/C.G./		US- 6,886,496	05-03-2005	VAN BROWN	

Examiner Initials*	Cite No.	FOREIGN PATENT DOCUMENTS			
		Foreign Patent Document Country Code <sup>3</sup> Number <sup>4</sup> Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear

Examiner Signature	/Chhaya Sayala/	Date Considered	03/02/2008
--------------------	-----------------	-----------------	------------

\*EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 806. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. \*Applicant's unique citation designation number (optional). \*See Kind Codes of USPTO Patent Documents at [www.uspto.gov](http://www.uspto.gov) or MPEP 801.04. \*Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). \*For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. \*Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. \*Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.57 and 1.58. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.